

Opioid Medication Case Study

1. Geraldine Marzec, a 60-year-old female, is currently taking oxycodone ER (OxyContin) 20mg PO BID for chronic low back pain from an old injury. Based on her dosing, the patient is at 60 MME/day. This is calculated based on the information provided: 20mg PO BID = 40mg total per day; the conversion factor for oxycodone is 1.5 (Dowell et al., 2022). Therefore, $40\text{mg/day} \times 1.5 = 60 \text{ MME/day}$. This patient's MME is considered high, with the threshold starting at 50 MME/day. According to the CDC (2016), the risk of overdose doubles with dosages at or above 50 MME/day. Therefore, clinicians should evaluate individual benefits and risks when prescribing opioid pain medications that result in a daily MME of 50 or higher (Rosenthal C Burchum, 2021, p. 192).
2. The client's daily MME falls above the threshold for additional consideration. It is considered a medium opioid dosage falling within the 36 to 120 MME/day range, according to the CDC (Dowell et al., 2022). The CDC reports that many patients do not experience improved pain or function from higher opioid dosages to ≥ 50 MME/day but are instead exposed to higher risks for complications and are more likely to yield less benefits for pain and functions relative to these risks. In fact, the CDC discusses clinical evidence reviews of several observational studies which found that opioid dosages for chronic pain of 50 to <100 MME/day were associated with increased risks for opioid overdose by factors of 1.9 to 4.6 compared with lower dosages of 1 to < 20 MME/day. Therefore, prior to a clinician increasing the total opioid dosage to 50 MME/day or above, they should carefully reevaluate individual benefits and risks (Dowell et al., 2022).
3. According to the CDC (2016), the risk of overdose doubles with dosages at or above 50 MME/day. Additional considerations should include reviewing the patient's history of controlled substance prescriptions using the state prescription drug monitoring program (PDMP) data to determine if the patient is receiving opioid dosages or combinations that could be dangerous and place them at risk for overdose. Reviewing the PDMP should also be done periodically while the patient is on long-term opioid therapy for chronic pain, with every prescription to every 3 months (Rosenthal C Burchum, 2021, p. 192). In addition, clinicians should consider urine drug testing before starting opioid therapy and at least annually to assess for prescribed medications as well as other controlled prescription and illicit drugs. Lastly, opioid pain medication and benzodiazepines should not be prescribed concurrently, whenever possible (Rosenthal C Burchum, 2021, p. 192). It is extremely important that the patient understands the risks versus benefits of using opioids to treat chronic pain (noncancer-related). Setting pragmatic goals